

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
2354/350 (FF38720/05)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR COLLECTION OF FLUIDS

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as U.S. Patent Application Serial No. _____ on _____ and was amended on _____
(if applicable).

☒ was filed as PCT International Application No. **PCT/AU2004/000773** on **10 June 2004** and was amended under PCT Article 19 on **22 March 2005**.
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Australia	2003902953	11 June 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Australia	2003903684	16 July 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check One)			
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
PCT/AU2004/000773	10 June 2004			X	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continue)				ATTORNEY'S DOCKET NUMBER 2354/350 (FF38720/05)	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Alice Y. Choi, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; Shelley A. Jones, Registration No. 53,081; Tate L. Tischner, Registration No. 56,048					
Send Correspondence to: Gunnar G. Leinberg NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051				Direct Telephone Calls to: (name and telephone number) Gunnar G. Leinberg (585) 263-1014	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Rawlin	FIRST GIVEN NAME Grant	SECOND GIVEN NAME Thomas	
	RESIDENCE & CITIZENSHIP	CITY Kilmore East	STATE/FOREIGN COUNTRY Victoria	COUNTRY OF CITIZENSHIP Australia	
	POST OFFICE ADDRESS	P.O. ADDRESS 43 O'Gradys Road	CITY Kilmore East	STATE & ZIP CODE/CTRY Victoria 3764/Australia	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Muller	FIRST GIVEN NAME Brian	SECOND GIVEN NAME David	
	RESIDENCE & CITIZENSHIP	CITY Bentleigh	STATE/FOREIGN COUNTRY Victoria	COUNTRY OF CITIZENSHIP Australia	
	POST OFFICE ADDRESS	P.O. ADDRESS 38 Marquis Road	CITY Bentleigh	STATE & ZIP CODE/CTRY Victoria 3204/Australia	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Thompson	FIRST GIVEN NAME James	SECOND GIVEN NAME Gerrard	
	RESIDENCE & CITIZENSHIP	CITY Tatura	STATE/FOREIGN COUNTRY Victoria	COUNTRY OF CITIZENSHIP Australia	
	POST OFFICE ADDRESS	P.O. ADDRESS 40 Baldwin Road	CITY Tatura	STATE & ZIP CODE/CTRY Victoria 3616/Australia	
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Russell	FIRST GIVEN NAME Carl	SECOND GIVEN NAME Gregory	
	RESIDENCE & CITIZENSHIP	CITY Tatura	STATE/FOREIGN COUNTRY Victoria	COUNTRY OF CITIZENSHIP Australia	
	POST OFFICE ADDRESS	P.O. ADDRESS 1030 Merrigum Ardmona Road	CITY Tatura	STATE & ZIP CODE/CTRY Victoria 3616/Australia	
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME Schreiber	FIRST GIVEN NAME Leon	SECOND GIVEN NAME Thomas	
	RESIDENCE & CITIZENSHIP	CITY Toolamba	STATE/FOREIGN COUNTRY Victoria	COUNTRY OF CITIZENSHIP Australia	
	POST OFFICE ADDRESS	P.O. ADDRESS 15 Bathman Lane	CITY Toolamba	STATE & ZIP CODE/CTRY Victoria 3614/Australia	
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME Murphy	FIRST GIVEN NAME Kristen	SECOND GIVEN NAME Elizabeth	
	RESIDENCE & CITIZENSHIP	CITY Kyabram	STATE/FOREIGN COUNTRY Victoria	COUNTRY OF CITIZENSHIP Australia	
	POST OFFICE ADDRESS	P.O. ADDRESS RMB 1012, John Allen Road	CITY Kyabram	STATE & ZIP CODE/CTRY Victoria 3620/Australia	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 UNSIGNED	SIGNATURE OF INVENTOR 202 UNSIGNED	SIGNATURE OF INVENTOR 203 UNSIGNED
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204 UNSIGNED	SIGNATURE OF INVENTOR 205 UNSIGNED	SIGNATURE OF INVENTOR 206 UNSIGNED
DATE	DATE	DATE

Page 3 of 3